



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: ELIGIBILITY FOR SERVICES

Subject: Retainer Payments

PURPOSE

Retainer payments are available to keep members from losing their caregivers or placement in a residential setting.

DEFINITION

Retainer days are days on which a provider may still be reimbursed for services even though the HCBS member is absent from the home or adult residential care facility. The member may be in a hospital, nursing facility, or visiting friends or relatives for this period of time. Retainer days may not exceed 30 days per Service Plan year per member. Upon readmission a revised/new SP with a new annual SP date span would restart the retainer day's calendar. Retainer days must not be used while member is in the Montana State Hospital. See Attachment A.

AFFECTED SERVICES

This policy pertains only to the following services, and is applicable only to payment of HCBS waiver services:

1. HCBS PAS (Agency-Based, Self-Directed; Community Supports in BSB); and
2. Residential Habilitation

REQUIREMENT

A provider may be paid only if an agreement has been made with the CMT to allow for reimbursement during these absences. If a negotiated provider rate includes vacancy savings, retainer payments are a duplication of services and may not be paid in addition. Reimbursement for retainers will not be made if the personal assistant can provide services to another member during that time period.

The case management team must keep a record of a member's retainer days to ensure that they do not exceed 30 days and the negotiated rate if applicable. They should also have agreements in place with providers to ensure they understand payment will not be made in excess of the 30 days.

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If retainer days exceed 30 days and the providers were not notified of this policy, CMTs will be responsible for payment to affected providers and Medicaid payment will not be available.

PROCEDURE

If a member is absent under this policy, the CMT should not send a Discharge Sheet (DPHHS-SLTC-137) to MPQH, nor should an Entrance/Discharge into Medicaid Home and Community Based Services (DPHHS-DD/SLTC-55) be sent to the county. The CMT should, however, notify the Office of Public Assistance if the member has been admitted to a nursing facility or hospital and that the waiver span should be kept open because the institutional placement is temporary.